FEC FORM 1

## STATEMENT OF ORGANIZATION

FORM 1	(See instructions		Office use only
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typying, type over the lines	12FE4M5
Alpha Natural Res	sources, Inc. Political Action C	committee	
1			
ADDRESS (number and street	999 Corporate Boulev	rard	
(Check if address is changed)	Suite 300	11111111	
	Linthicum Heights		MD 21090 - 1111
		CITY▲	STATE▲ ZIP CODE ▲
COMMITTEE'S E-MAIL AI	DDRESS (Please provide only one e-m		
(Check if address is changed)	slming@comerica.co	m, jbelt@@alphanr.com	
COMMITTEE'S WEB PAG	GE ADDRESS (URL)		
(Check if address			
is changed)	<u> </u>		
2. DATE 0 6	0 6 / Y Y Y Y Y Y 2 0 1 1		
3. FEC IDENTIFICATIO	N NUMBER	C00348524	
4. IS THIS STATEMEN	NEW (N) OR	X AMENDED (A)	
	this Statement and to the best of my know	ledge and belief it is true, correct	and complete
	Formula I. Wanad		
Type or Print Name of Trea	surer Frank J., Wood		
Signature of Treasurer	Electronically Filed by Frank J., W	/ood	Date 0 6 / 0 6 / 2 0 1 1
NOTE: Submission of false, e	erroneous, or incomplete information may		atement to the penalties of 2 U.S.C. §437g.
Office		For further information	
Use Only		Federal Election Comm Toll Free 800-424-9530	551011